

State of Montana  
Office of the State Public Defender  
**REQUEST FOR PRE-APPROVAL OF CLIENT COSTS**  
**INVESTIGATOR**

All client costs exceeding \$200 per task in each case must be pre-approved by submitting this request form to the appropriate person as follows:

- The Regional Deputy Public Defender in cases assigned to an FTE, or a non-conflict case assigned to a contract attorney
- The Major Crime Unit Manager in MCU cases
- The Conflict Coordinator in cases assigned to a conflict attorney, whether FTE or contract
- The Chief Appellate Defender in appellate cases

\_\_\_\_\_  
Requesting Attorney's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Name

\_\_\_\_\_  
OPD Case ID Number

\_\_\_\_\_  
Task Provider's Name

\_\_\_\_\_  
Region Case Originated

\_\_\_\_\_  
Requested Pre-Approval Amount for Task

\_\_\_\_\_  
Requested Pre-Approval Amount for Travel (time & miles)

*Note: travel reimbursement is paid at the **current state rate** for mileage, lodging and per diem.*

The requesting attorney is responsible for keeping the pre-approved costs within the pre-approved amount. If costs are anticipated to exceed the pre-approved amount, the task must be resubmitted for approval of a supplemental amount on a new form prior to incurring any additional costs. It is imperative for the requesting attorney to monitor costs expended to date so as not to delay the supplemental process.

Justification for Task: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next scheduled court appearance \_\_\_\_\_

I. Have you consulted with the OPD Investigator Supervisor regarding this request?

☐ Yes Date and time of consultation \_\_\_\_\_

☐ OPD Investigator Supervisor has reviewed and concurs with request  
(Attach documentation or signature)

II. Have you completed and attached the Investigative Request?

☐ Yes

\_\_\_\_\_  
Requesting Attorney Signature

\_\_\_\_\_  
Date

Please be advised that a ***Memorandum of Understanding, Investigator*** must be completed prior to beginning work on this case.

**INVESTIGATOR:** Immediately contact the referring attorney at the first indication that additional time is necessary to complete the investigation! If costs are anticipated to exceed the pre-approved amount, the task must be resubmitted for approval of a supplemental amount on the approved form prior to incurring any additional costs. Justification must be provided regarding the specifics of what additional time spent on the case will entail. **Post-approval of costs will not be granted except in extraordinary circumstances.**

The Requesting Attorney must complete and forward this form to the appropriate person for approval (see above).

\_\_\_\_\_  
Authorized Signature

☐ Approve ☐ Deny

\_\_\_\_\_  
Date

***NOTE:*** Regional Deputy Public Defenders or the MCU Manager will forward approved requests for amounts exceeding their expenditure authority to Central Services for final approval.

**For Central Services Use Only**

☐ Approve ☐ Deny

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date